



County of Los Angeles

LA County Nurse Recognition Steering Committee

Outstanding Nurse of the Year - 2012 Nomination Form

A. Nominee Information

Name: _____ Position: _____ Date: _____
Facility: _____ Unit/program: _____ Phone: _____

B. Nomination Guidelines

- Nominee must be a full-time Los Angeles County employee for a minimum of one (1) year at the time of nomination.
- Nominee must provide Direct Patient Care in Clinical Areas or Indirect Patient Care in Non-Clinical areas.
- Nursing peers and colleagues (other medical and healthcare disciplines) are eligible to nominate Outstanding Nurse of the Year.
- Self-nominated forms are acceptable.
- Submit completed nomination forms by e-mail to: dbenosa@dmh.lacounty.gov or fax to Doris Benosa, fax no. (213) 738-4646.
- Completed nomination forms must be received by Friday, 02/10/12.
- The Nurse Recognition Committee will evaluate all submitted forms.

C. Criteria for Excellence (Check all boxes that apply)

- ☐ Clinical Excellence: Provides high quality patient centered care utilizing critical thinking skills that enhances the patient experience.
- ☐ Performance Excellence: Demonstrates efficiency in promoting standards of care and quality improvement. Significant contributions made to improve nursing care in practice environment.
- ☐ Patient Advocacy: Promotes patient safety, patient rights, and ethical decision making. Goes beyond the call of duty to advocate for patients.
- ☐ Leadership / Role Model: Demonstrates strong ability to inspire others. Provides positive professional influence, guidance, precepts, and mentors other nurses. Takes pride in being a nurse and accepts accountability for actions.
- ☐ Teamwork: Promotes cohesiveness amongst inter and intra-disciplinary teams through effective communication.
- ☐ Education / Community Service: Anticipates and provides significant contributions to patient, family, community educational needs.
- ☐ Professional Development: Advances the image of nursing at the facility. Seeks educational opportunities through participating in nursing committees, professional activities, obtaining advanced degrees/certifications, and shares knowledge with colleagues.



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2012 Outstanding Nurse of the Year Nomination Form Continued.

Nominee's Name: _____

D. Nominee Description (*Provide detailed descriptions with examples*)

1) How does the nominee demonstrate Clinical / Performance Excellence?

2) Give specific information and examples that describe how the nominee demonstrates excellence in the chosen categories as listed in Section "C".

3) How has the nominee contributed in advancing the nursing profession at your facility as listed in Section "C" under Professional Development?

4) What else should the Nurse Recognition Committee know about your nominee?

Please attach a sheet(s) if additional space is required.

E. Nominator (*Information of the person submitting this form*)

Your Name: _____

Position: _____

Signature: _____

Phone: _____

All Sections (A to E) must be completed to be valid.